

State of Delaware
Group Health Insurance Program
New Rates Effective July 1, 2010

	Total Monthly Rate	State Pays	Employee/ Pensioner Contributions
First State Basic Plan <i>(includes prescription drug coverage at the same level as all other plans)</i> <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$514.56	\$514.56	\$0.00
Employee & Spouse	\$1,064.66	\$1,064.66	\$0.00
Employee & Child(ren)	\$782.20	\$782.20	\$0.00
Family	\$1,330.86	\$1,330.86	\$0.00
Aetna HMO <i>Administered by Aetna</i>			
Employee	\$537.22	\$514.56	\$22.66
Employee & Spouse	\$1,132.64	\$1,064.66	\$67.98
Employee & Child(ren)	\$821.80	\$782.20	\$39.60
Family	\$1,413.30	\$1,330.86	\$82.44
BlueCARE® HMO <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$537.66	\$514.56	\$23.10
Employee & Spouse	\$1,136.22	\$1,064.66	\$71.56
Employee & Child(ren)	\$822.62	\$782.20	\$40.42
Family	\$1,417.62	\$1,330.86	\$86.76
Comprehensive PPO Plan <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Employee	\$587.46	\$514.56	\$72.90
Employee & Spouse	\$1,219.04	\$1,064.66	\$154.38
Employee & Child(ren)	\$905.38	\$782.20	\$123.18
Family	\$1,523.98	\$1,330.86	\$193.12
Medicare Supplement <i>Administered by Blue Cross Blue Shield of Delaware</i>			
Special Medicfill with Prescription	\$414.26	\$414.26	\$0.00
Special Medicfill without Prescription*	\$191.76	\$191.76	\$0.00
*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D			
Dominion Dental HMO <i>Administered by Dominion Dental</i>			
Employee	\$21.28	\$0.00	\$21.28
Employee & Spouse	\$35.64	\$0.00	\$35.64
Employee & Child(ren)	\$43.16	\$0.00	\$43.16
Family	\$50.68	\$0.00	\$50.68
Delta Dental PPO plus Premier <i>Administered by Delta Dental</i>			
Employee	\$25.10	\$0.00	\$25.10
Employee & Spouse	\$51.22	\$0.00	\$51.22
Employee & Child(ren)	\$50.28	\$0.00	\$50.28
Family	\$83.90	\$0.00	\$83.90